## VENDORS APPLICATION/INFORMATION SHEET

<i>NAME:</i>	PHONE NO:		<del></del>
CELL. PHONE	PAGER	FAX	
ADDRESS:STREET			
STREET	CITY	STATE ZIP	
BUSINESS NAME:			
(1) SOLE POPERIETORSHIP	(2) PARTNERSHIP	(3) LLC	(4) CORPORATION
NAME OF BUSINESS OWNER	R:		
CITY BUS. LIC. NO:	SC SALES TAX N	0	
FED ID. NO:	SS NOSC DRIVE LIC		
1. ARE YOU DAILY	TEMPORARY		
2. WHAT DO YOU SELL?			
3. ARE YOU A MEMBER OF	THE CMBA OR MAMA?_		
5. IN CASE OF EMERGENCY	Y NOTIFY:		
ADDRESS	PHONE NO:		
6. ATTACH PHOTO COPIES RETAIL LICENSE.	OF: SC. DRIVER'S LICEN	SE/CITY BUS	INESS LICENSE AND S.O
SIGNATURE			DATE

THIS APPLICATION FOR VENDORS SPACE IN THE CITY MARKET BUILDING "C" IS SUBJECT TO CANCELLATION IF ANY MISREPRESENTATIONS HAVE BEEN MADE.